

North Carolina Department of Agriculture and Consumer Services
Structural Pest Control & Pesticides Division
1090 Mail Service Center
Raleigh, North Carolina 27699-1090

Branch Office Registration Form

(Type or Print in Ink)

Licensee Information:

Licensee		License No.
Company Name		Telephone No.
Address of Licensee's Home Office (street or RFD)		Facsimile No.
(P.O. Box)	Address of Primary Residence	
(City)	City	
(State & zip code)	State & zip code	

Branch Office Information:

Location of Office (Street address)		Mailing address (if different from location information)	
(Suite or Office No.)		(City)	
(City)		(State & zip code)	
(State & zip code)	Distance, in miles, from primary residence:	Telephone No.	
Location at which records and pesticides will be maintained (Check one)		Home Office	Branch Office

Designated Certified applicator(s): (list all if more than one)

Name	Certification No.
Name	Certification No.
Name	Certification No.

Employees working from branch office:

Name	CA or RT Card No.	Name	CA or RT Card No.

I hereby certify that the above information is true and correct.

Licensee's Signature:	Date:
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